PROGRAM WORK STATEMENT

FY 2017 Social Service Contract funded by Travis County

Instructions:

- Answer the following questions as they pertain to *only those programs and services in which Travis County invests*.
- Ensure that all language (e.g. agency and program names, performance measures, etc.) is consistent across all
 contract forms.
- Do not delete any instructions or question descriptions.
- The information contained in this document will be used to report on your program to the Travis County
 Commissioners Court and the public, so the information herein should accurately explain and reflect the program
 and services.

1. Program Information

Provide agency name and program name as they appear on all contract documents.

Agency name: Austin/Travis County Health and Human Services Department

Program name: Injury Prevention Program

2. Program Goals

Briefly describe the goals of the services purchased by Travis County in this contract.

Injury prevention means taking action to prevent injuries before they occur. The Injury Prevention Program's (IPP) work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among social and economic groups. Our mission is to reduce the frequency and severity of injuries by adopting evidence-based programs and by assisting community partners with incorporating injury prevention strategies into their on-going efforts.

The first step toward building a stronger injury prevention program in Travis County is to assess the injury problem locally. Ethnicity, age, and sex are important variables, which are necessary to understand better who, how, and why people are injured. For every fatality resulting from an injury, there are many more that have a wide range of severity. Additionally, injuries that result in morbidity have a wide range of effects on the individual, families, the health care system, etc. In 2013, there were 491 deaths due to injury in Travis County. Of these 491 deaths, 120 were due to motor vehicle accidents. The age-adjusted death rate for injury for Travis county was 53.6 per 100,000, which is higher than the state rate of 36.8 per 100,000 (Texas Dept. of State Health Services, Center for Health Statistics, Health Facts Profile, Travis County 2013).

3. Target Population

Briefly describe the target population of this program.

All Travis County residents are eligible for IPP services, however the program focuses on serving underserved communities as identified by health and demographic data sources. The IPP is currently seeking partnerships within the unincorporated areas of Travis County to identify potential opportunities for service delivery. The program will focus its efforts in the Manor, Del Valle and Pflugerville areas as well as the areas surrounding these municipalities that are unincorporated. Del Valle and Manor are identified as having gaps in services and a need in program delivery. Pflugerville is identified as a large, growing population where city residents have been forced to move as part of the gentrification of Austin neighborhoods.

4. Client Eligibility

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List all eligibility requirements for clients to receive services in the program, and fully describe the criteria for each requirement (see Sample Table below for examples). If eligibility requirements vary by program component, please specify in the descriptions. If your contracted program includes multiple service components with varying eligibility criteria, you may copy/paste the table below, complete one table per component, and title each table accordingly.

Sample Table:

Eligibility Requirement	Description of Criteria	Verification Method
Income level	At least one-half of clients must be at or below 100% FPIG. Remainder can be up to 200% FPIG.	Income level is self-declared based on HUD 24 th Code of Federal Regulations, part 5.
Residency	Clients must be residents of the five county area: Travis, Williamson, Hayes, Bastrop, Caldwell.	Residency verified by utility bill, lease or rental agreement, or government-issued photo identification.

Program Component (if applicable):

Eligibility Requirement	Description of Criteria	Verification Method
Not Applicable		

(If program has additional eligibility requirements, insert additional rows in table. Please delete empty rows.)

5. Service Delivery

Describe the services and how they are provided through the program. This should be a clear and concise summary of how clients move from initial contact through exit and follow-up. Include all relevant components of the core services, such as:

- Outreach
- Intake
- Eligibility determination process
- Service provision
- Duration of services
- Termination or discharge
- Coordination with and referral to/from other agencies
- If applicable, brief description of research or promising practice on which program is based
- Any other relevant components of service delivery for this program
- Vision Zero/ Reduction of traffic-related deaths and serious injuries
 Through the Vision Zero initiative, an action plan has been created to eliminate traffic related
 deaths and serious injuries by 2025. The plan focusses on engineering, education, and
 enforcement as the key mechanisms to reduce these injuries and fatalities. A/TCHHSD IP staff
 has been involved in creation of the plan and will continue to work on implementation through

FY2017 through participation in Vision Zero workgroups and promoting Vision Zero strategies.

• Child Passenger Safety: IPP staff member is certified as a Child Passenger Safety Instructor. The A/TC HHSD Child Passenger Safety Fitting Stations provides monthly servicing totaling about 600 seats collectively per year. Seats are provided through a partnership with Safe Kids Austin free to clients. The stations are held in conjunction with the A/TCHHSD Neighborhood Centers, which provide the site and staff for the monthly event. The IP program also conducts classroom presentations on car seat safety. Additionally, the IPP partners with Safe Kids Austin, Austin/Travis County EMS and others to conduct a 32-hour Child Passenger Safety Certification training to increase the number of Child Passenger Safety Technicians in Travis County.

- Bike Safety: IPP staff is certified by the League of American Bicyclists as a League Cycling Instructor and conducts Youth Instructor Training quarterly to school staff, nonprofits, agencies, and individuals. The program also conducts bike safety classes and bike skills rodeos for elementary schools and community groups.
- Infant Suffocation: IPP is an active participant in Safe Kids Austin Safe Sleep Task Force where
 they analyze infant suffocation deaths to determine exact causes and identify prevention
 activities. IPP intends to increase focus in this area by identifying data related to suffocations
 and work with partners such as the EMS injury prevention program to expand the reach of safe
 sleep messages.
- Drowning Prevention: IPP is an active participant in the Central Texas Water Safety Coalition.
 The Coalition completes analysis of drowning deaths to determine exact causes and identify
 prevention activities. IPP intends to increase focus in this area by utilizing this data to inform
 programming and partnering with other organizations such as Collins Hope on programmatic
 efforts to reduce drownings.
- *Child Fatalities:* IPP works with the Travis County Child Fatality Review Team that reviews all child deaths in Travis County.
- Safe Kids Austin: IPP was a founding member of the Coalition in 1993 and has been an active
 member ever since. This program focuses on bringing together stakeholders for Travis and
 surrounding Counties to identify specific causes of unintentional injuries and provides
 networking opportunities with partner agencies to strategize and implement injury prevention
 activities for children.

6. Service Accessibility

Describe any relevant strategies employed by the program to ensure service access related to the following issues:

- Cultural competence
- Language and communication access
- Geographical access
- Anti-discrimination strategies
- Other accessibility issues relevant to the program

All A/TCHHSD staff attend training on cultural competence. In addition, partnerships that enable services, such as car seat safety checks, are available in English and Spanish. A/TCHHSD has services available through a language interpretation service in order to provide services to clients speaking languages other than Spanish or English. In addition, A/TCHHSD has policies and procedures for developing culturally and linguistically appropriate materials (CLAMS), and this policy is utilized for the selection or creation of health education materials. Services are dispersed throughout Travis County, however they are centered in areas of highest need based on injury data (when available) and data on health disparities. Priority areas for services have predominantly been the Eastern Crescent of Austin and Travis County, including but not limited to the following zip codes: 78758, 78753, 78752, 78723, 78721, 78702, 78741, 78744, 78745, 78617, 78725, 78724, 78653.

7. Program Staffing

List the staff positions (titles only, no individual names) that are essential to this program, and provide a brief description of duties as they relate to this program. If there are multiple staff positions with the same title and duties, you can note the number of positions with the position title, e.g. "Case Manager (5)."

Position Title	Description of Duties
Program coordinator	Coordinate all activities, develop partnerships with key
	organizations and non-profits, deliver services, participate in
	Vision Zero task force and Safe Kids Coalition

(If program has additional staff positions, insert additional rows in table. Please delete empty rows.)

8. Program Evaluation

a) Information Management and Data Collection

- Describe the tools and processes used to collect program data, and the systems used to manage program
 data (i.e. client data, service information, or other data relevant to the program's overall service delivery
 and performance).
- If any surveys are used to collect information used in performance reporting, please provide a description of survey procedures (such as when, how, and by/to whom the survey is distributed, received, completed, and returned) and a copy of the most recent survey as an addendum.

Client data for child passenger safety checks are collected by the agencies sponsoring the events (A/TCHHSD and partners), and are collected either electronically or using paper forms. Data include information on car seats inspected and whether new car seats were given out. Educational presentations (such as trainings-of-trainers) will be evaluated using post tests and/or client satisfaction forms. Client satisfaction forms ask the following questions: Overall, how do you rate the service? Were you treated with respect/did you receive friendly and respectful services?

b) Performance Evaluation

Describe how the agency uses the data it collects to evaluate both programmatic effectiveness (as described in questions 2 and 5 of this work statement) and progress towards performance goals (as described in 9 and 10 of this work statement).

IPP conducts bi-yearly quality improvement meetings with key leadership staff to review customer satisfaction survey results and assess effectiveness of community activities. When IPP Coordinator serves as Child Passenger Safety Instructor, Child Passenger Safety Technician Trainees rate the effectiveness of the Instructor at the end of the training. IPP Coordinator reviews feedback to learn how he might improve future Course instruction. In addition, IPP staff regularly meets with management to review progress towards performance measures and to determine the strategic direction of the program.

9. Quality Improvement

IPP reports as part of the department's Continuous Quality Improvement (CQI) program. The program meets regularly on CQI and reports outcomes as required by the departmental plan.

Describe how the agency uses its evaluation results to: identify problems or areas for improvement in service delivery; design strategies to address these problems; implement those strategies; and follow up to ensure corrective actions have been effective.

IPP Coordinator reviews evaluation of car seat events, educational presentations, etc. to improve service delivers.

10. Output Performance Measures

Enter the output performance measures to be reported for the program in quarterly performance reports. You must report the number of unduplicated clients served and at least one other output. Total annual goals should be 12-month goals. Outputs should be reported quarterly unless a specific programmatic or data-driven limitation exists. Please use the comments section to specify and provide explanation for any reporting exceptions.

Οι	itput Measure	Total Annual Goal	Quarters Reported
1.	Number of health promotion and education encounters in the area of injury prevention (Encounter: A one-time interaction where by an individual is provided information)	1000	4
2.	Number of health promotion/health education activities or programs conducted and/or facilitated in the area of injury prevention (Public Health Activity: A one-time, planned learning experience based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions.	35	4

(If approved for additional Output measures, insert additional rows in table. Please delete empty rows.)

Comments (for reporting exceptions, if applicable):

11. Outcome Performance Measures

Enter the outcome performance measures (numerators, denominators, and outcome rates) to be reported for the program in quarterly performance reports. Total annual goals should be 12-month goals. Outcomes should be reported quarterly unless a specific programmatic or data-driven limitation exists. Please use the comments section to specify and provide explanation for any reporting exceptions.

	Outcome Measure		Total Annual Goal	Quarters Reported
1.	a. (nu	merator)		
	b. Total number of N/A (de	nominator)		
	c. Percentage of (rat	te)	%	
2.	a. (nu	merator)		
	b. Total number of (de	nominator)		
	c. Percentage of (rat	te)	%	

(If approved for additional outcome measures, insert additional rows in table. Please delete empty rows.)

Comments (for reporting exceptions, if applicable): Currently the program reports on number of health promotion encounters and number of health promotion/education activities.

12. Community Planning

a) Community Planning Group Participation

If the agency participates in any community planning groups relevant to the issue area and services under this contract, please list them here, along with the name and title of agency representatives who participate and a brief description of their role and participation in that planning group.

Community Planning Group	Agency Participant Name/Title	Participation Role/Description
CHA/CHIP Transportation	Doug Ballew	Provide Input
Imagine Austin Healthy Austin	Doug Ballew	Provide Input

(If agency is involved in additional planning groups, insert additional rows in table. Please delete empty rows.)

b) Community Plan

If the agency aligns itself with a Community Plan, provide the name of the plan and its authoring body, and a brief description of how you align your agency with and respond to the plan's shared community goals. If there is not an established community plan in this issue area, describe what the agency uses to orient itself to community needs and goals.

Vision Zero- Coordinated by City of Austin Planning and Transportation departments. IPP has participated in drafting the action plan for Vision Zero, which is a community plan to reduce traffic related fatalities and serious injuries.

CHA/CHIP- transportation workgroup- Coordinated by the City of Austin Health and Human Services Dept. This improvement plan lists strategies to improve transportation, thereby improving health outcomes. IPP participates to identify strategies related to the built environment, bicycling, walking, and other forms of active transportation, as well as prevention of traffic related injuries.

Imagine Austin Healthy Austin Priority Area - Coordinated by the City of Austin Health and Human Services Department. This improvement plan lists strategies to prevent obesity and chronic diseases. IPP participates to identify strategies related to the built environment, bicycling, walking, and other forms of active transportation, as well as prevention of traffic related injuries.

c) Response to Community Change

Have there been, or do you anticipate, any changes to the community plan or community goals, that will impact how you provide services over the remainder of your contract period?

No, there are no anticipated changes at this point, however it is possible that the City of Austin will provide additional funding to implement the Vision Zero action plan.